

filing

THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF S.F.

FILED  
MAR 28 AM 10:45  
CLERK OF SUPERIOR COURT  
SAN FRANCISCO DISTRICT COURT

PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

vs.

CASE NO. \_\_\_\_\_

MHP

APPLICATION TO PROCEED  
IN FORMA PAUPERIS; AND  
DECLARATION IN SUPPORT  
OF APPLICATION

(PR)

H. Marquette (Chavez)

Defendant.

IN FORMA PAUPERIS DECLARATION

1. I am the defendant in the entitled action in Case Number 06F7253  
and am incarcerated without resources to retain legal counsel to represent me in  
this action;
2. That I do believe I am entitled to bring this Writ  
in order to secure the appointment of counsel to defend my present and future  
rights in the above cause of action;
3. That because of my poverty I am indigent and unable to pay the costs of  
this action, to give security therefore, or to employ an attorney;
4. That I have assets of only \$ 0 and no income,  
except \$ 0;
5. That what minimum financial resources I do have I do require for my  
personal maintenance and/or that of my family;
6. That I do require the costs of this proceeding to be waived in order to  
prevent further violations of my rights to due process and equal protection of law.

VERIFICATION

I have read the above statements and swear under penalty of perjury that these statements are true as based upon information and belief. Executed this 23<sup>rd</sup> day of March 23, 2008 at Vacaville, California. Pursuant to the Code of Civil Procedure, §4465 and §2015.5.

DATE; 3/23-08

  
DECLARANT

STATE OF CALIFORNIA  
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

## TRUST ACCOUNT WITHDRAWAL ORDER

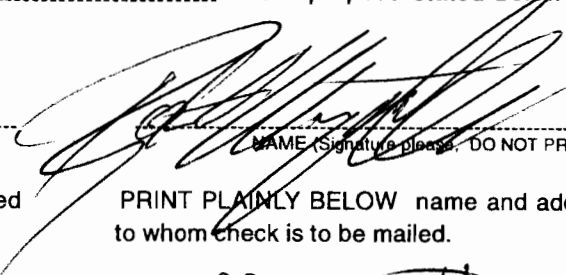
Date March 23 2008

To: Warden

Approved \_\_\_\_\_

I hereby request that my Trust Account be charged \$\_\_\_\_\_ for the purpose stated below and authorize the withdrawal of that sum from my account:

P-32844  
NUMBER

  
NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested (do not use this form for Canteen or Hobby purchase).

PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.

PURPOSE U.S Court House  
LEGAL POSTAGE  
6X9 Manila Envelope

NAME Marquette  
ADDRESS B#9 #750 UP

Robert Marquette  
PRINT YOUR FULL NAME HERE